

**North Carolina Mental Health Planning and Advisory Council**  
**Royster Building, Room 210, Dix Campus**  
**October 6, 2006**  
**10:00 a.m. – 3:00 p.m.**  
**Meeting Minutes**

**Members Present:** Jeff McLoud, Katie Sawyer, Mary Edwards, Dan Fox, Mary Recca Todd, Emily Moore, Martin Pharr, Sheila Wall-Hill, Lucy Dorsey, Beverly Varner, Diann Irwin, Carolyn Wiser, Kaye Holder, Tisha O'Neal Gamboa, and Ed Seavey joined the meeting by phone.

**Others:** Ave` Aldridge

**Staff to Council:** Susan Robinson and Lisa Jackson

**Call to Order/Introductions/Approval of Minutes**

Jeff McLoud, Vice-Chair of the Council, served as Chair in accordance with advanced planning as Libby had to be out of town. The meeting was called to order and Jeff welcomed everyone. Minutes from the August 4, 2006 meeting were approved.

**Council Review of Meeting and Plan Priorities**

Council members reviewed priorities that members had chosen upon in the last meeting, with framing those five priorities into the agendas for the next three meetings of the January, March, and May of 2007. Priorities were chosen by number of votes (with item #1 having the most votes):

1. Increase service capacity (falls under Mental Health Block Grant Criterion I, Community Based System)
2. Decrease barriers to services in areas such as housing and transitions: transition from childhood to adulthood and also transition across systems (pertains to Mental Health Block Grant Criterion IV, Services Targeted to Rural and Homeless Populations)
3. Increase consumer and family involvement through such venues as training opportunities, training in best practices, informing consumers in terms of informed consent, decision-making and increased choices (falls under Mental Health Block Grant Criterion V, Management Systems)
4. Improve workforce development through such activities or initiatives as Evidence-Based Practices, Person-Centered Planning, and Child and Family Teams (pertains to Mental Health Block Grant Criterion V, Management Systems)
5. Reduce mental health consumer involvement in the justice system (e.g., jail diversion for adults, etc.) and reduce mental health consumer involvement in the juvenile justice system (such as the courts), with information from the North Carolina Department of Juvenile Justice and Delinquency Prevention (these priorities fall under Mental Health Block Grant Criterion II-Data Epidemiology and Criterion III-Children's Services); these 2 priorities tied for fifth place and members agreed to combine into one priority area, since the focus was common to the justice system.

Council members utilized the format for implementation planning from training done by staff from NAMHPAC (National Association of Mental Health Planning and Advisory Councils) earlier in the spring of 2006, referred to as SMART Goals:

S—Specific

M—Measurable

A—Agreed upon

R—Realistic

T—Time-Limited

The process involves identifying the SMART Goals, identifying any barriers or resources to achieving the goals, action steps to be taken, the person(s) responsible for working on the SMART Goals, and the timeframes for accomplishment.

Jeff asked Susan to facilitate the planning process for the meeting priorities. In addition to the SMART goals, a guide for this planning was a table format outlining the areas considered for each. These

included: 1) resource information – what we know? what we need to know?; 2) resource contact; 3) responsible Council or staff member; and 4) by when. The Council identified this focus for each meeting date unless speakers named were unable to come to the Council meeting on that particular month's date. Members hoped that speakers would come for the full meeting, including serving as resources to the committee break out discussions. After each meeting has occurred, the Council/ Adult or Child & Family Committee will outline next steps using a similar plan/implementation format for each (e.g. timeline of next update, more information, recommendation).

Members agreed that the priority of increasing service capacity, collaboration and consumer/family involvement would be items considered when addressing the three consolidated meeting priorities for January, March and May 2007. As the priorities are reviewed and information obtained among other items listed on the attached Meeting Priority Planning Tables, these three areas will also be resource information accessed to inform Council dialogue and any recommendations re: indicators or measures for the FFY 07/08 MHBG Plan. The Council discussion for setting Council meeting priorities and reviewing the FFY 06 Report achievements, challenges and data are summarized below as well as outlined in the attached tables.

There was Council discussion on how to gauge the areas of higher priority—some suggestions were trend or population data to support the priority hierarchy such as treated prevalence, estimated prevalence, Consumer Satisfaction Survey and NC TOPPS (North Carolina Treatment Outcomes and Program Performance System) data; another member suggested grouping priorities together or having presentations done at the same time to reflect related priorities. Recommendations for the future included having a Consumer Report Card in place to inform ranking priorities that would show trends of strengths, gaps and needs.

Members spoke about why particular priorities for the Plan and future meetings were important to them and for consideration for future meetings as Plan recommendations are formed. Discussion included: family and consumer involvement; linking crisis services with the reduction of consumer involvement in the justice system; common strategies for providing services/supports across agencies and providers in the community could be supported by use of common forms and language to improve interagency collaboration; gaining a better understanding of service capacity (including: How are effective services working? What services are available in a particular area? What are the needs?); Consideration of urban and rural areas of service delivery and the disparities between each; and gaining a better picture of the array of services and a list of endorsed providers in a specific geographical area.

In reviewing the draft FFY 06 Report for submission, members considered the following: hospital discharges, the homeless population and among those, an increase of veterans who may fall into this group. It was acknowledged that some adults who are homeless make the conscious choice to not live in a shelter or work with existing programs for the homeless in communities. In the Greensboro (Guilford County) area, there are a number of homeless individuals who, in the midst of summer, may commit crimes to get locked up and get out of the heat. Beverly Varner agreed to help with finding data on this, including data from a faith community in Guilford County where this trend has become more evident.

Other areas discussed in the Plan review and determining future meeting priorities included: transition services for the children who age out of the child systems in DMHDDSAS, DSS (Division of Social Services) or DPI (Dept. of Public Instruction) into the adult systems; changes in the Geriatric Teams proposed; and tracking what is billed through the Integrated Payment and Reporting System (IPRS) for target and non-target populations.

Value Options holds the state contract for doing utilization review/utilization management for Medicaid services; some members were frustrated that it seems to be taking Value Options so long to process

authorization requests. Carolyn Wiser, Council member appointed to represent the Division of Medical Assistance, stated that providers would get paid—they just need to continue submitting billing and she

asked that if Council members know of providers having problems in this regard to have them contact the Division of Medical Assistance.

Discussion around youth centered on how to help youth become more involved in the community and how to help families and adult consumers get more involved. Training and mentoring may help address this need. The third and fourth priorities chosen by the Council of increasing consumer and family involvement and workforce development go together and will be addressed as one. What is the satisfaction level with providers and the quality of services? Providers are endorsed through the Local Management Entities and then are directly enrolled with Medicaid. Providers in at least one part of the State have gotten together and have devised their own report card system so that consumers will have more information when they go to select a provider.

There were comments and questions about consumer rights: Do people know what their rights are? Do they know where to go if they have concerns or problems? What is the consumer's functioning level and are they able to process the information that they receive? Are they able to take possession of the rights they have?

There was discussion about involvement of Consumer and Family Advisory Committees or CFACs; with the State CFAC being reconstituted, how will changes be reported to the Division? Do any of the CFACs develop educational type materials for consumers that could be made public or shared with others? One Council member discussed recent CFAC activity in her area and felt that Local Management Entity support of the CFAC was critical. Chris Phillips (Section Chief of Advocacy and Customer Services) or Ann Remington (Consumer Empowerment Team Leader) from the Division may be prospective speakers at a future meeting on this topic; Ann and a consumer on the State CFAC had actually spoken to the Council earlier in the year regarding their role in working with the CFACs.

A discussion on training took place; some of the new service definitions require a total of 20 hours of training on a variety of topics, including basic service definition training, Person Centered Thinking training, etc., some of which has to be delivered by a Division endorsed trainer. Editorial note: Enhanced Services Implementation Update #10 delineates the courses that satisfy training requirements for service definitions; following is the Division website link to this update:

<http://www.dhhs.state.nc.us/mhddsas/servicedefinitions/servdefupdates/index.htm>

One Council member indicated that he does training with his staff around the service definitions and how to think of interventions. Providers can impart skill building in their work with families. Many providers are newly-licensed and still need to develop and refine their own clinical skills that come with time and experience. However, it is important to ensure that colleges/universities provide the instruction that students need to develop the appropriate foundation for developing these skills.

Council members discussed and came to a consensus on the remaining meeting agendas for this fiscal year; since the first priority-increasing service capacity (which falls under the Criterion of Community Based System), collaboration, and consumer and family involvement transcend all the other priorities, they will be “embedded” within those ensuing presentations and Council discussions. As the other priorities are reviewed and information obtained, these three (increase in service capacity, collaboration and consumer and family involvement) will be primary resources of information that can be accessed to inform dialogue and develop recommendations regarding indicators or measures for the FFY 2007-08 Mental Health Block Grant Plan. In regards to increasing service capacity, results will need to be obtained from the analysis that was presented to the Legislative Oversight Committee in September by DMH Consultant Chris Thompson. The “results report” is due the end of December 2006.

Council members reviewed sections of the Block Grant Plan that pertained to achievements, priorities, concerns, etc. to assist in helping the members frame comments and consider their input for today's meeting. Susan and Lisa reviewed the process for the writing and submission of the Implementation Report.

November's meeting will continue with Council review and input of the 2005-06 Mental Health Block Grant Implementation Report; the Council will also review, make final recommendations and approve the draft transmittal letter which will accompany the Report when submitted. The January 2007 meeting will focus on decreasing barriers to services (housing, transitions from childhood to adulthood and transitions across systems) which falls under Block Grant Criterion IV, Services Targeted to Rural and Homeless Populations. The March 2007 meeting will focus on increasing consumer and family involvement and workforce development which can both be tied to Criterion V, Management Systems. The May 2007 meeting will cover reduced involvement in the justice system (both adult and child) and this priority is linked to Criterion II, Data Epidemiology and Criterion III, Children's Services. The information the Council generated at today's meeting is included in the tables (attached) outlining these three 2007 meetings.

### **Committee Reports**

**Adult Sub-Committee:** Tisha O'Neal Gamboa agreed to take over the Chairing of the Adult Sub-Committee, starting immediately, when asked to do so by Jeffrey McLoud, current Adult Sub-Committee Chair and all present agreed and welcomed Tisha as their new Chair. Adult Sub-Committee members reviewed sections from the previous Mental Health Block Grant Plan and in addition to the achievements/accomplishments/initiatives, priorities, and concerns/comments already addressed, provided the following input.

### **Accomplishments/Initiatives:**

- ✓ Jeff McLoud mentioned that the North Carolina Mental Health Consumers Organization (NCMHCO) offers a Leadership Training Academy in Raleigh, NC each December. The Leadership Academy promotes consumer involvement in Leadership and Civic Participation throughout the year. It is a self help program that teaches organizations skills and encourages individuals to become self advocates and educates the community on issues concerning behavioral health sciences.
- ✓ Tisha O'Neal Gamboa, the NCMHCO Executive Director, provided a contract report about this organization as they are one recipient of Mental Health Block Grant funding. She discussed other activities/events as follows that utilize Block Grant monies: NCMHCO also offers Wellness Recovery Action Plan (WRAP) Training sessions in each region of NC. In fact, for the fiscal year, 2005-06, 562 consumers received WRAP Training around the State (including local and/or regional trainings and statewide conferences). NCMHCO also held a statewide conference last year with an awards banquet at Peace College in Raleigh for 200 consumers; this event was also funded by Mental Health Block Grant funds. The theme of the conference was Discover Your Strengths—Achieve New Heights.
- ✓ This year, NCMHCO will also conduct an After-Care WRAP Program to ensure consumers are benefiting from WRAP and how to focus on the individual WRAP plan. WRAP To-Work is a special program being implemented by NCMHCO to support individuals working with Local Management Entities or on a community level. Consumer support groups have increased in number and have helped with relapse prevention.

### **Priorities:**

Additional input given today involving future priorities was as follows:

- ✓ One area of focus should be to increase planning for services and anticipating needs of older adults as the baby boomers begin to age.

- ✓ Another priority involved informed consent, and learning about the qualifications/credentials of providers. Concern was expressed that providers may not have the appropriate skill and educational requirements and the staff liaison explained the process that providers must go through to get endorsed by the Local Management Entities and then directly enroll with the Division of Medical Assistance. She went on to explain that providers who haven't met basic requirements aren't endorsed by the LME; in fact the liaison has served in the past on an appeals panel with another member of the Local Management Entity Team and the panel's recommendation had been to refrain from endorsing the provider due to failure to meet basic qualifications.
- ✓ Another priority was housing and increasing options for people to have housing with services, especially as we deinstitutionalize people from hospitals and explore other housing possibilities for them upon discharge.

**Concerns/Comments:**

Adult Committee members felt there should be more emphasis on prevention/early intervention services and that there should be a better "safety net" in place for the indigent. Again, members reiterated that people need to know where and how to access services and need to have informed choice. Individuals with dual diagnoses need appropriate treatment by qualified staff who are trained to deal with the specific diagnosis.

**Child & Family Sub-Committee: Child & Family Committee highlighted the following for FFY 06 Report – Achievements/Initiatives (listed by agency and initiative):**

- ✓ State Collaborative
  - Blended child and family team curriculum
  - Regional System Of Care (SOC) trainings
  - School MH strategic plan – shared agenda
  - SOC Family Handbook (NC Families United)
- ✓ Dept. of Public Instruction (DPI) –
  - Positive Behavior Supports
  - Targeted monitoring for system performance for those K-1 children identified as BED (Behaviorally-Emotionally Disabled) and disproportionality/disparities
- ✓ DHHS/DPI – transition from services – workgroup/training for Community Based Services to Community Support services
- ✓ Dept. of Juvenile Justice and Delinquency Prevention – Therapeutic Environment Training (TET)/Positive Behavior Supports
- ✓ Children's Services Workgroup – report
- ✓ Definition changes and implementation of Evidence Based Practices (EBPs) and increase provider choice and access, increase competition of service delivery
- ✓ Safe and Drug Free Schools – improve practices using EBPs, more competitive with evaluation of effect and impact (Duke)
- ✓ Division of Social Services – Multiple Response System (MRS) statewide in all 100 counties and Child and Family Team (CFT) required
- ✓ Guardian Ad Litem (GALs) – increased funding and training to support children in custody and facilitate termination of parental rights (TPR) when most appropriate/beneficial for the child
- ✓ System Of Care— Mecklenburg grant implementation
- ✓ Center for Substance Abuse Treatment (CSAT) integrated Substance Abuse /Mental Health and System Of Care grant

**Events that have questionable impact on children & families that were identified included:**

- ✓ State Consumer and Family Advisory Committee changes – new legislation codifies state CFAC – not sure impact to effect and impact

- ✓ DMHDDSAS established a Practice Improvement Collab (PIC) in which stakeholders/experts in the field of MHDDSAS services and supports review of manualized evidenced based practices (EBPs) with an annual PIC Congress convened to recommend and approve for implementation EBPs statewide.

**Challenges/Concerns:**

- ✓ Disparities – need to consider strategies to implement across agencies to address this continuing issue.

**Review of indicators and measures for report – explanations of findings:**

- ✓ Juvenile Justice-Mental Health indicator/goal
  - Length of stay (LOS) in JJ (Juvenile Justice) and outcome data interpretation. Members thought maybe the most appropriate youth are now in JJ and getting MH treatment– this would be an improvement vs. those not getting MH and ending up involved with JJ without treatment or access to care. Members asked Martin Pharr if there was a way to sort this out? Susan will seek Quality Management assistance and the assistance of Antonio Coor with the MAJORS (Managing Access for Juvenile Offender Resources and Services) Program to help respond.
- ✓ Homeless \$ declining thru PATH (Projects for Assistance in Transition from Homelessness) – reduced ID of children per PATH definition – how is this happening? Is this good in that kids are in DSS (Social Services) sooner as they should be and don't need connection-case management to support this due to DSS changes -kids are getting help sooner? Or is this that kids are hiding more deeply in community and not getting help needed? OR is the homeless education coordinator initiative in schools helping to address these kids needs who were unidentified/ under identified in the past??? Do we know if child homeless rate has reduced? What data source?

The full Council reconvened and sub-committee reports were given by Tisha and Jeff.

**Updates:**

Susan and Lisa provided DMH updates including information on: the newly redesigned division website, the meeting of the Legislative Oversight Committee (including the budget appropriations and reductions), the continuation of Long Term Vocational Support Service funding to help support individuals maintain their jobs, and the upcoming Targeted Case Management/Community Support Conference in November.

**Round Robin Discussion**

Council members went around the table and shared announcements/updates with everyone:

Mary Reca Todd indicated that there was new money available for supported housing; new apartment units have opened in Raleigh for persons with mental illness; other units have opened for individuals with physical disabilities. The Housing Forum was held this week in Greensboro. Mary indicated that she is the contact person for people who want to start supportive housing programs.

Mary Edwards informed the Council that the Older Americans Act had been reauthorized; funds for grants will be appropriated to states for using Evidence-Based Practices in the treatment of older Americans. Mary also mentioned the Money Follows the Person Grant that the Division of Medical Assistance is pursuing along with the Division of Aging and Adult Services and DMH.

**Wrap-Up**

The next meeting to finish out the calendar year will be:

**Friday, November 3, 2006      Room 210 of the Royster Building on the Dix Campus at 10:00 a.m.**

There will **not** be a meeting in December due to the back to back meetings in October and November and submission of the Community Mental Health Services Block Grant Implementation Report on Friday,

December 1, 2006. The first meeting of 2007 will be on January 5, 2007 in the Royster Building in Room #210. Jeff McLoud thanked everyone for their participation and adjourned the meeting.